



**Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant**



**ISG QI Clinical Committee
September 19, 2006
Meeting Minutes**

Attendees: Robin Blitz, MD; Karen W. Burstein, PhD; Mike Clement, MD; Sharman Ober-Reynolds, CFNP; Gloria Navarro-Valverde, AHCCCS; Bill Rosenfeld, VP; Jill Wendt, MEd

Entrances: Dr. Clement an hour into the meeting

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Jill Wendt, ADHS-OCSHCN	Ms. Wendt welcomed all the members to the meeting. Introductions were made around the room	*Visit www.azis.gov for ISG QI Clinical Committee and other ISG information
Chairperson Status of ISG QI Clinical Committee		Karen W. Burstein, PhD, Southwest Institute for Families and Children with Special Needs took leadership of the chairperson status for the ISG QI Clinical Committee.	*Dr. Burstein, SWI, took leadership of the chair for the ISG QI Clinical Committee
Announcements	Robin Blitz, MD, FAAP; Arizona Child Study, St. Joseph's Hospital	<p>The committee reviewed the ISG QI Clinical Committee's August 2006 Status Update Report to the Task Force. There was discussion on the recent (August) Notice of Policy Statement on standardized developmental screening tools, from, AAP in relation to the report.</p> <p>For ages 9, 18 and 30 months. They made the recommendation because they thought it would be more appropriate to be used regularly rather than just at every well child. PEDS was designed to be at every well child. It doesn't necessarily say PEDS screening tool, it says a standardized developmental screening tool.</p>	*Dr. Blitz will forward the Notice of Policy Statement on standardized developmental screening tools
Review of 7-25-06 ISG QI Clinical Meeting Minutes		Committee approved the ISG-QI Clinical minutes from 7/25/06 making no changes to the draft version.	*Post on www.azis.gov ISG-QI Clinical Committee

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Review ISG QI Clinical Action Matrix – Care Coordination Study	Ms. Wendt	<p>Gave background on Care Coordination Study/ Medical Home Project. OCSHCN will be working with the Community Action Teams to recruit 3 medical practices throughout Arizona. The study/project will last for 12 months and the results learned from the data collected will be incorporated in the report to the Governor at the end of the grant.</p> <p>We have a position for Medical Home Program Manager position in OCSHCN office and they will be overseeing the Care Coordination/Medical Home project. That position is in the process of being filled.</p> <p>The grant will fund a screener at the 3 medical practice sites who will conduct specific screening and assessment tools selected by various ISG committees. . The state goal is to incorporate the medical home model in the state by 2010. We will hopefully launch the study December 1, 2006.</p>	*Updates will continue as project moves towards implementation
		Internally and upon state approval, we have offered the position of Medical Home Manager to Ms. Laura Henry. We are very excited about this. She should be on board within about 3 weeks.	*Ms. Laura Henry will be Medical Home Manager in OCSHCN office
		We are hoping to have the sites identified and the study start December 1, 2006. The new Medical Home Manager will oversee the study. It is a 12 month study now with 3 sites. The last year of the grant is writing and analyzing the data that we collect.	*Launch Care Coordination Study by 12-1-06
	Group	<p>As the group discussed the Medical Home Project, the following issues were addressed:</p> <ul style="list-style-type: none"> *Voluntary participation – presentation to patient or family *Consent must be given *Send packet with the tools and have consent form on top *Is it pediatric sites or family practice sites? *Trained in HIPAA laws *Bilingual is an important consideration *Who will be bringing the forms to the families? *Establishing patient base of targeted medical sites *Having forms issued ahead of time, electronic access and submission *No medical advice can be given (screener, care coordinator, parents) *Community teams would work with care coordinator as advisor & resource 	<p>*Ms. Wendt to send spreadsheet of age breakdown for screening tools</p> <p>*Job descriptions for screeners and care coordinators</p> <p>*Proposed elements and outcomes identified for ISG Care Coordination Study (consultant document)</p> <p>*ISG grantee special session in November</p>

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		<ul style="list-style-type: none"> *Identify the jobs “not included”. *How is training done to integrate behavioral health into primary care *Geographic and how much traveling will be concern for screen and coordinator. *Referrals must be made at physician’s office only *Are current practice site’s staff already overloaded *What ages get what screens *Incentives for parents to participate *Confidentiality issues – who does the consent for the study – does doctor’s office consent cover all *Issues of undocumented being serviced – how will information be presented *Correlation to EPSDT- EPSDT is a report form – interview format and only used for AHCCCS patients *Coordination of referral information *Establish and match data elements to other state programs *Correlate data elements needed for tracking and research purposes *Have data elements timed for/to referral? *Referral tracking through AHCCCS EPSDT *Where are they going to administer – the space needed *Must be able to have area for personal conversations - office *Housing more people in the practice and paying *Paperwork generated in 12 months *Satisfaction surveys for families and providers *What’s the financial piece? *Go electronic with laptops for screeners and coordinators *Establish focus of visit –is it score driven tools or behavioral and developmental questions? *Literacy level of participants – time and guidance *What will physicians be asking us when we attempt the study’s offer to them *Is screener going to be someone already in physician’s practice *Concerns on timeline for physicians <ul style="list-style-type: none"> (10 to 15 minutes – PEDS and MCHAT) – scoring 2 minutes (15 to 20 minutes PSC) *PSC (Pediatric Symptom Checklist) – will parent complete or care coordinator? *CRAFFT-6 questions (some GAPS questions in CRAFFT) – 10 minutes if conversation with adolescent does not take place – adolescent can complete 	<p>will talk about the “undocumented” population. We will provide an update to the committee following that meeting</p> <ul style="list-style-type: none"> *Question:What are new laws on illegal immigrants and the impact *EPSDT correlation/ database can be tracked to number of referrals * ISG Insurance Committee launch – possibly October 2006 *Benchmark: Physicians networking with Arizona Network of Medical Homes have previous experience and have been trained *Level of education for screener and care coordinator. Listing of specialty fields of experience *<u>Essential</u> functions of: <ul style="list-style-type: none"> -“interviews child and/or families” -completes screening tests *Add bilingual to minimum knowledge skills and abilities *<u>Essential:</u> <ul style="list-style-type: none"> -identify the jobs “not

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		<p>themselves</p> <p>*PEDS can be trained to be given by anyone in office – (define if front or back office will be doing)</p> <p>*Need to establish if training of office person will be done or only medical assistant-type will be involved.</p> <p>*Parents may engage in conversation or bring up issues of concerns during visit that cannot be addressed at that visit</p> <p>*What screens will be done in interview form – structure of the visit</p> <p>*Can and are all tools being administered?</p> <p>*Schedule second visit</p> <p>*Second appointment may be mandatory – problem focus visit.</p> <p>*Parental time will be an issue in completing the forms</p> <p>*Establish reliability threshold for screeners through training</p> <p>*Training of screen and coordinator – what are qualifications, wt will the training consist of</p>	<p>included”</p> <p>-identify boundaries</p> <p>*Consent forms</p>
		<p>*Level of education and experience for care coordinator and screener</p> <p>*Care coordinator needs diagnosis and/or problem identified medically to proceed</p> <p>*Job descriptions for care coordinator and screener</p> <p>*Clinical background is needed – knowledge base</p> <p>*Must have overall sensitivity - sensitive to understanding, to the meaning, and to the person (will also be dealing with adolescents)</p> <p>*Vital signs versus “behavioral vital signs” being done (Mtn Park Health Center uses 12 question Health and Life Style Questionnaire)</p>	<p>*Does screener need higher level of analytical abilities?</p> <p>*Does screener need working knowledge of families with community systems?</p>
		<p>*Servicing anyone presented with a diagnosis versus establishing diagnosis within visit</p> <p>*What’s the research question for this study</p>	
		<p>*Qualifications of care coordinator.</p> <p>*Charging the community action teams with making sure that they link the care coordinator to the available resources</p> <p>*The entire study will identify barriers</p>	
		<p>Possible categories:</p> <p>Medical Assistant (has business training)</p> <p>Medtech (below a medical assistant)</p> <p>LPN</p> <p>Nursing assistant (has business training)</p> <p>A child development specialist (BA in child development, psychology,</p>	<p>*Utilize community college behavioral curriculums for recruitment</p>

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		social work, or education)	
		*Right screen for right person, by age, and have it ready for appointment	
		*All medical site staff will need some kind of training *Dr. Blitz's practice: outlines/scripts phone call for follow-up to child on an anti-depressive at weekly intervals	
		*Kids asking questions back. – what impact to time and experience of screener/care coordinator	
		*Care coordination and enrollment experience – eligibility factors	
		*Screener should have understanding and have qualified “go-to” person for questions	
		*Understanding of disabilities. Experience and background *Must know and understand the tools	
		*Need people skills – be extremely flexible	
		*Insurance: what will and can they pay for	
		*Data on parents who do not follow-up or follow-through with option given	
		*First question with PEDS is “would you like to do this yourself or would you like for me to read through it with you”.	
Items from the Floor / Current Events	Ms. Wendt	Great ideas. The screener was the main thing I wanted to talk on today because I was not sure of the level of expertise we would need. You have helped with the vision and in identifying the strategies to go forward with. Is there anything going on with your own organization directly related to the grant that you would like to share or we might have discussion on?	
	Mr. Rosenfeld	Not specifically. Our work with these behavioral screens is with the particular physician and the behavioral medical assistant. The collaboration provides very good service and scope. When you are talking about the positions built in to this particular model, I see it more as collaborative care than integrated care. HRSA is trying to drive forward the concept of integrating services and building models I believe this model is far more collaborative in nature which is fine, but it is just a bit of a different philosophy. Different than what we are doing at Mountain Park Health Center but we are a center. At times, we are running parallel with the outcome in terms of what we are building. Other times that I feel like that the funding source, HRSA, probably wants services to be more integrated in-house, instead of collaborating with referral sources. Beyond that, I don't have anything specific going on with our program	*Collaborative care vs. in house integrated care *Coordinated care vs. in house integrated care
	Ms. Wendt	I would like to go over the schedule of meetings. We are scheduled in	

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		October, November and December. How do you feel about meeting in December? We will be planning for next year's schedule pretty soon. December. And is 1pm to 3pm still okay? I think we have plenty of work. We should have things in line for the data piece soon.	
	Dr. Blitz	Two weeks before my wedding! I will need to know the 2007 schedule ahead of time as I do block my schedule.	
	Group	Congratulations Dr. Blitz!!	
	Ms. Wendt	Yes. Thank you all very much. We have the evaluations. I will be in touch soon with relaying of the information addressed here today. Adjournment	
Next Meeting		October 17, 2006 ADHS Bldg, Room 345A 1pm – 3pm	